



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <div style="font-size: 1.2em; font-family: cursive;">137127</div>		3. This Statement covers From: <u>10/20/08</u> To: <u>11/24/08</u> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name <div style="font-size: 1.2em; font-family: cursive;">CTE MARK KNOWLES</div>		4. Candidate Last Name <u>KNOWLES</u> First Name <u>MARK</u> M.I. <u>F</u> 4a. Office Sought Including District # or Community Served (If applicable) <div style="font-size: 1.2em; font-family: cursive;">SUPERVISOR, HARRISON TWP</div> 4b. County of Residence <u>MACOMB</u> Driver License # (Optional) _____	
5. Committee's Mailing Address <div style="font-size: 1.2em; font-family: cursive;">24716 COTTRELL HARRISON TWP MI 48045</div> Area Code and Phone <u>313 977 0911</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <div style="font-size: 1.2em; font-family: cursive;">SAME</div> Area Code & Phone () _____ Driver License # (Optional) _____	
7. Treasurer's Business Address <div style="font-size: 1.2em; font-family: cursive;">SAME</div> Area Code and Phone () _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <div style="font-size: 1.2em; font-family: cursive;">SAME</div> Area Code and Phone () _____ Driver License # (Optional) _____	

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary
☐ Convention
☐ Special

☒ General
☐ School
☐ Caucus

Date of Election, Convention or Caucus

11
4
08

Month Day Year

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <u>MARK KNOWLES</u> <small>Type or Print Name</small>	<div style="font-size: 1.2em; font-family: cursive;">Mark Knowles</div> <small>Signature</small>
Date <u>11 24 08</u> <small>Mo Day Year</small>	
Candidate <u>MARK KNOWLES</u> <small>Type or Print Name</small>	<div style="font-size: 1.2em; font-family: cursive;">Mark Knowles</div> <small>Signature</small>
Date <u>11 24 08</u> <small>Mo Day Year</small>	



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 137127
2. Committee Name CTE MARK KNOWLES

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>200⁰⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>Ø</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>200⁰⁰</u>	(18.) \$ <u>200⁰⁰</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>Ø</u>	(19.) \$ <u>Ø</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>200⁰⁰</u>	(20.) \$ <u>200⁰⁰</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>Ø</u>	(21.) \$ <u>Ø</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>130⁰⁰</u>	(22.) \$ <u>130⁰⁰</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>698⁴⁰</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>Ø</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>Ø</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>698⁴⁰</u>	(23.) \$ <u>698⁴⁰</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>Ø</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>Ø</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>Ø</u>	(24.) \$ <u>Ø</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>Ø</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>Ø</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>586.42</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>786.42</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>698.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>88.02</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.
CFR Rev 7/1990c-sum Authority granted under P.A. 388 of 1976



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name CTE MARK KNOWLES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11-24-08</u>		
Name: <u>HARRISON TWP FIREFIGHTERS UNION</u> Address: <u>HARRISON TWP MI</u>		<u>\$ 200.00</u>	<u>\$ 00.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PAC</u> Employer <u>SELF</u> Business Address <u>HARRISON TWP MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____		
Name: _____ Address: _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____		
Name: _____ Address: _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____		
Name: _____ Address: _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>200.00</u>	
		<u>200.00</u>	

Enter this total on
line 3a of
Summary Page



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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137127
2. Committee Name CTE MARK KNOWLES

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>LUIGIS</u> Address <u>36691 JEFFERSON</u> <u>HARRISON TWP MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTION Night</u> Expenditure Code <u>EN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4</u>	<u>568.40</u>
Expenditure #2 Name <u>MARK KNOWLES</u> Address <u>24716 COTTRELL</u> <u>HARRISON TWP MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REPAYMENT</u> <u>(RECOUNT)</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/6</u>	<u>130.00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

698.40
698.40
Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 1B - IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 137127
2. Committee Name CTE MARK KNOWLES

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name <u>HARRISON TWP CLERK</u> Address <u>TOWNHALL RD</u> <u>HARRISON TWP MI</u> <u>48045</u>	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input checked="" type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description <u>PAYMENT FOR</u> <u>ELECTION RECOUNT</u>	<u>11/6</u>	<u>130⁰⁰</u>
Expenditure #2 Name Address	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description _____		
Expenditure #3 Name Address	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description _____		
Page Subtotal Grand Total of all Schedules 1B-IK (Complete on last page of Schedule)			<u>130⁰⁰</u> <u>130</u>

Enter this total
on line 7 of
the Summary
Page